SECTION 13 MEDICARE CROSSOVER CLAIMS

Medicare/Medicaid (crossover) claims that do not cross automatically from Medicare to Medicaid, must now be filed through the Medicaid billing website at www.emomed.com or through the 837 electronic claim transaction. This requirement became effective July 1, 2005. Before filing an electronic crossover claim, please wait sixty (60) days from the date of your Medicare payment to avoid possible duplicate payments from Medicaid.

The major reason that claims do not cross over electronically from Medicare to Medicaid is because Medicaid enrolled providers have not provided Medicaid with their Medicare provider number or have provided an invalid or inactive Medicare provider number. If the hospital provider has a Medicare Part A or Medicare Part B number or both, then the Medicare number(s) must be on the Medicaid provider master file in order for the claims to electronically cross over from Medicare to Medicaid.

If the provider has any doubt as to what Medicare number(s) is (are) on file for the provider, contact the Provider Enrollment Unit by e-mail at ProviderEnrollment@dss.mo.gov. If you have not submitted your provider number to Medicaid, you can fax a copy of the Medicare letter showing the Medicare provider name and Medicare number assigned along with a cover letter explaining why the information is being submitted to the enrollment unit. The unit's fax number is 573/526-2054.

Following are tips to assist you in successfully filing a claim at the Medicaid billing website:

- At the Medicaid billing website at www.emomed.com, choose the same crossover claim form that you completed to bill Medicare. For hospital Part A claims, select "Medicare UB-92 Part A Crossover." For hospital part B of A, select "Medicare UB-92 Part B of A Crossover." Be sure you select the correct provider number from the drop down box in the upper right hand corner of the first claims screen.
- Enter the information in the fields on the screen exactly as you did on your Medicare billing except that you should enter the patient's name as it appears on the Medicaid card and **not** the name that is shown on the Medicare remittance advice.
- There are HELP screens at the bottom of each screen page to provide instructions for completing the crossover claim screens, the "Other Payer" header and the "Other Payer" detail screens. Print each HELP screen in its entirety for reference when completing claims on the Internet.
- There must be an "Other Payer" header screen completed for every crossover claim type. This provides information that pertains to the whole claim.
- For Part A claims, the provider must complete both the revenue code and the days
 or units billed fields at the line level. No other information is required at the line
 level.

- Part B of A claims need the "Other Payer" header form completed without group code, reason code and adjustment amount information. Completion of an "Other Payer" detail screen form is required for each claim detail line.
- The five (5) codes that can be entered in the "Group Code" field on the "Other Payer" Header and Detail screen forms are in a drop down box and you should choose the appropriate code. For example, the "PR" code (patient responsibility) is understood to be the code assigned for deductible and/or coinsurance amounts shown on your Medicare EOMB.
- The codes to enter in the "Reason Code" field on the "Other Payer" Header and Detail screen forms are found on your Medicare EOMB. If not listed there, you must choose the most appropriate code from the list of "Claim Adjustment Reason Codes" which can be found in the HIPAA Related Code List under the Quick Links at http://www.dss.mo.gov/dms. For example, the code shown on the "Claim Adjustment Reason Codes" list for "deductible amount" is 1 and for "coinsurance amount" is 2. Therefore, you would enter a "Reason Code" of "001" for deductible amounts due and a "Reason Code" of "002" for coinsurance amounts due.
- The "Adjust Amount" should reflect any amount not paid by Medicare including deductible, coinsurance, and any non-allowed amounts.
- If there is a commercial insurance payment or denial to report on the crossover claim, you must complete an additional "Other Payer" Header form. You must also complete an additional "Other Payer" Detail form(s) if the commercial carrier provided detail line information for line payments and denials.

Samples of Part A (inpatient hospital) and Part B of A (outpatient hospital) claims are displayed on the following pages.

SAMPLE - MEDICARE HOSPITAL REMITTANCE ADVICE PART A INPATIENT (NO TPL)

MEDICARE NATIONAL STANDARD INTERMEDIARY REMITTANCE ADVICE Mutual of Omaha

FPE: 06/30/2005 PAID: 04/22/2005

CLM#: 22 TOB: 111

26XXX	X									
PATIENT SHRIEK			١	VILL		PCN: 327XXXXX				
Н	IIC: 400-00	-0000A		SVC FRO		MRN: 111100				
PAT S	PAT STAT: CLAIM STAT: 1			٦	ΓHRU: 02/09/2	2005	ICN: 205	17900129999	02	
CHAR	CHARGES:			PAYMENT DA	TA: 315 = DR	G	0.000 =	REIM RATE		
339	33997.41 = REPORTED			10171.82 = DR	G AMOUNT		0.00 =	MSP PRIM PA	YER	
	0.00 = NC	VD/DENIED		893.25 = DR	G/OPER/CAF		0.00 =	PROF COMPO	NENT	
238	325.59 = CL	AIM ADJS		0.00 = LIN	NE ADJ AMT		0.00 =	ESRD AMOUN	ΙΤ	
339	997.41 = CC	VERED		0.00 = OU	JTLIER		0.00 =	PROC CD AM	OUNT	
DAYS/	VISITS:			0.00 = CA	P OUTLIER		33997.41 =	= ALLOW/REIM		
	9 = 0	COST REPT		912.00 = CA	SH DEDUCT		0.00 =	G/R AMOUNT		
	0 = 0	COVD/UTIL		0.00 = BL	OOD DEDUC	Т	0.00 =	INTEREST		
	0 = 1	NON-COVER	RED	0.00 = CC	DINSURANCE		0.00 =	CONTRACT A	DJ	
	0 = 0	COVD VISITS	S	0.00 = PA	T REFUND		0.00 =	PER DIEM AM	T	
	0 = 1	NCOV VISITS	3	0.00 = MS	SP LIAB MET		9259.82 =	NET REIM AM	1T	
ADJ RE	EASON CO	DES: CO 9	94 23825.5	59						
		PR	1 9	12						
REMAR	RK CODES	MA02								
REV	DATE	HCPCS A	APC/HIPPS	MODS QTY	CHARGES	ALLOW/REIM	GC RSN	AMOUNT RE	MARK	CODES
0120	02/09			7	4760.00	4760.00				
0200	02/09			2	3244.00	3244.00				
0250	02/09			234	1238.00	1238.00				
0255	02/09			1	67.00	67.00				
0258	02/09			12	500.00	500.00				
0270	02/09			50	4468.41	4468.41				
0278	02/09			1	3352.00	3352.00				
0300	02/09			8	80.00	80.00				
0301	02/09			20	1718.00	1718.00				
0305	02/09			8	400.00	400.00				
0306	02/09			1	98.00	98.00				
0307	02/09			2	84.00	84.00				
0320	02/09			1	1443.00	1443.00				
0323	02/09			1	1733.00	1733.00				
0324	02/09			2	341.00	341.00				
0351	02/09			2	2201.00	2201.00				
0361	02/09			3	6087.00	6087.00				
0410	02/09			20	1378.00	1378.00				
0420	02/09			2	120.00	120.00				
0424	02/09			1	174.00	174.00				
0921	02/09			1	511.00	511.00				

Using this example of a Medicare EOMB, the following pages will guide you stepby-step through the process to file your Crossover Claim through the Medicaid billing Website at www.emomed.com to collect the deductible/coinsurance amount.





Medicar f you are not please logout	re UB92 Part A Crossover Logout
Jser:	Provider: 010000000 SAMPLE NUMBER
Claim Frequency Type Code*	Provider Medicare Number* 26 26 26 26 26 27 27 28 28 28 28 28 28 28 28
Patient Name (Last Name, First Name)*	Patient Medicaid ID*
Shriek Will	99999999
Patient Medicare ID (HIC)*	Patient Account No.
Patient Status*	
01- Discharged to Home	v
Type of Bill*	
11-Hospital Inpatient	
Date of Service (mm/dd/yy)* From Date 01 / 31 / 05 Thru Date 02 / 09 / 05	Admission Date (mm/dd/yy)* 01 / 31 / 05
Covered days* Non Covered Days 9 0	Co Insurance Days Co Insurance Days
Resubmission Ref. No.	Billed Charges \$* 33997.41
Diagnosis Codes* (Do not include the decimal) 1, 3950 2, 2720 3, 2449 4, 5.	Attending Physician ID* 200000000
	d/yy) Surgery Procedure Code Date (mm/dd/yy) / 05
neader ether rayers.	its Billed* Procedure Code Detail Other Modifiers Payers
1. 0	ADD/EDIT
	ADD DETAIL LINES
	view Other Payers

- ➤ At the Medicaid billing website, click on 'Medicare UB92 Part A Crossover'. This brings you to the screen above.
- > Scroll to the bottom of the form and click on the 'Help' button, print off and save the instructions.
- > Scroll back to the top of the form and complete all the Medicaid header information. Refer to the Medicare EOMB on the previous page as well as the patient's medical record. Complete the fields as shown above, then complete the Header Other Payer by clicking on 'ADD/EDIT'.

Section 13 – Sample Part A – Page 2





Other Payer Header Information

Enter Other Payer(s) Header Information for Medicare UB92 Part A Crossover claim.

	Other	Payer #1	
Filing Indicator* MA-Medicare		Other Payer Name*	Medicare Mutual
Paid Amount \$	Paid Date (mm/d		Medicare Claim No. 20517900129999
Header Allowed Amount \$ *	33997.41	Total Denied Amoun	t \$ 0.00
G	Froup Codes, Reason C	odes & Adjustment Am	nounts
Group Code	Reason Adjust Code Amount \$	Group Co	Reason Adjust ode Code Amount \$
	094 23825.59	PR-Patient Respon	
	1		∡ Add Reason Codes
Remark Codes	MA02		
			Remove Payer#1
	Add	d Payer	
	Done	Cancel	
	1	Help]	

- Now you are on the Other Payer Header screen. Scroll to the bottom of the form and click on the 'Help' button, print off and save the instructions.
- > Scroll back to the top of the form and complete the information at the top as well as the information under Group Codes, Reason Codes and Adjustment Amounts. The codes and amounts will usually be shown on your Medicare EOMB.
- > After entering the information, click on 'Done'.





lf you are	not please lo	Medicare UB92 Pagout	Part A Crossover Logout				
User:		Prov	010000000 SAMPLE NUMBER				
Claim Fr 1-Origin	equency Type Code* al		Provider Medicare Number*				
Patient N Shriek	Name (Last Name, First N		Patient Medicaid ID* 99999999				
Patient N 4000000	Medicare ID (HIC)* 000A		Patient Account No.				
Patient S 01- Disc	Status* charged to Home	1	· ·				
Type of E	Bill* pital Inpatient	v					
Date of S From Da Thru Dat	01 / 31	720	Admission Date (mm/dd/yy)* 01 / 31 / 05				
Covered 9	days* Non C	overed Days	Co Insurance Days Lifetime Reserved Days 0				
Resubm	ission Ref. No.		Billed Charges \$* 33997.41				
Diagnosi 1. 3950	s Codes* (Do not include 2.2720 3.2449		Attending Physician ID* 200000000				
Surge	ery Procedure Code 8942	Date (mm/dd/yy) 01 / 31 / 05 / / /	Surgery Procedure Code Date (mm/dd/yy)				
	Other Payers:*ADD/EI						
Line No.	Revenue Code*	Days/Units Billed*	Procedure Code Detail Other Modifiers Payers				
1.	0120	7	ADD/EDIT				
2.	0200	2	ADD/EDIT				
3.	0250	234	ADD/EDIT				

- ➤ Now you are back on the original starting screen ready to add your detail information to the claim.
- > Again, using the Medicare EOMB example from the previous page, enter the detail information as shown above on the next page. Click the 'ADD DETAIL LINES' until you have all detail lines entered.
- > Note- This screen print is continued on page 5.
- > On Medicare Part A crossovers, it is not necessary to add the Medicare Other Payer detail information. At this point, you are done entering the information. Click on 'Continue'.

		- A	A Company of the Comp	1
4.	0255	1		ADD/EDIT
5.	0258	12		ADD/EDIT
6.	0270	50		ADD/EDIT
7.	0278	1		ADD/EDIT
8.	0300	8		ADD/EDIT
9.	0301	20		ADD/EDIT
10.	0305	8		ADD/EDIT
11.	0306	1		ADD/EDIT
12.	0307	2		ADD/EDIT
13.	0320	1		ADD/EDIT
14.	0323	1		ADD/EDIT
15.	0324	2		ADD/EDIT
16.	0351	2		ADD/EDIT
17.	0361	3		ADD/EDIT
18.	0410	20		ADD/EDIT
19.	0420	2		ADD/EDIT
20.	0424	1		ADD/EDIT
21.	0921	1		ADD/EDIT
			ADD D	ETAIL LINES
		V5		
		View Other Pay	yers	
		Continue	Reset	
		[Home] [He	[q]	





Click 'View Other

Payers'

Medicare UB92 Part A Crossover Logout If you are not please logout Provider: 010000000 SAMPLE NUMBER Please verify the values entered and click the Edit or Submit button. Provider Medicare Number Claim Frequency Type Code 26XXXX Patient Medicaid ID Patient Name (Last Name, First Name) Shriek, Will 99999999 Patient Medicare ID (HIC) Patient Account No. 40000000A **Patient Status** Type of Bill Admission Date (mm/dd/yy) Date of Service (mm/dd/yy) 01/31/05 From Date 01/31/05 02/09/05 Thru Date Covered days Lifetime Reserved Days Non Covered Days Co Insurance Days Resubmission Ref. No. Billed Charges \$ 33,997.41 Diagnosis Codes Attending Physician ID 3950 2720 2449 2000000000 **Surgery Procedure Code** Date (mm/dd/yy) **Surgery Procedure Code** Date (mm/dd/yy) 8842 01/31/05 Header Other Payers: Click 'View Other Payers' Line Revenue Code Days/Units Billed Procedure Code **Detail Other** Modifiers No. Payers Click 'View Other 1. 0120 Payers' Click 'View Other 2. 0200 2 Payers' Click 'View Other 3. 0250 234 Payers' Click 'View Other 4. 0255

> This brings you back to a 'verify' screen asking you to review the information and then either edit the information or submit the claim.

1

12

- ➤ Note- This screen print is continued on page 7.
- > Click on 'Submit'.

0258

6.	0270	50	Click 'View Other Payers'
7.	0278	1	Click 'View Other Payers'
8.	0300	8	Click 'View Other Payers'
9.	0301	20	Click 'View Other Payers'
10.	0305	8	Click 'View Other Payers'
11.	0306	1	Click 'View Other Payers'
12.	0307	2	Click 'View Other Payers'
13.	0320	1	Click 'View Other Payers'
14.	0323	1	Click 'View Other Payers'
15.	0324	2	Click 'View Other Payers'
16.	0351	2	Click 'View Other Payers'
17.	0361	3	Click 'View Other Payers'
18.	0410	20	Click 'View Other Payers'
19.	0420	2	Click 'View Other Payers'
20.	0424	1	Click 'View Other Payers'
21.	0921	1	Click 'View Other Payers'

View Other Payers

Edit Submit

[Home] [Help]





lf you are	not please lo	Medicare UB9.	2 Part A	Crossover	Logout			
U	ser:	Thank you. Your cla	aim has l	Provid	er: 0100000000 SAMPLE NUMBE			
Claim Frequency Type Code				Provider Medicare Number 26XXXX				
Patient Shriek,	Name (Last Name, First Will	Name)	Patier 999999	t Medicaid ID 199				
Patient 4000000	Medicare ID (HIC) 00A		Patier	t Account No.				
Patient 01	Status		Type o	of Bill				
Date of Service (mm/dd/yy) From Date 01/31/05 Thru Date 02/09/05 Covered days Non Covered Days 9 0			Admission Date (mm/dd/yy) 01/31/05 Co Insurance Days Lifetime Reserved Days 0 0					
								Resubr
Diagno: 3950	sis Codes 2720 2449							
Surge	ery Procedure Code 8842	Date (mm/dd/yy) 01/31/05	Surgery Procedure Code Date (mm/dd/yy)					
Header	Other Payers: Click 'View	Other Payers'						
Line No.	Revenue Code	Days/Units Bill	ed	Procedure Code	Detail Other Payers			
1.	0120	7		Modifiers	Click 'View Other Payers'			
2.	0200	2			Click 'View Other Payers'			
3.	0250	234			Click 'View Other Payers'			
4.	0255	1			Click 'View Other Payers'			
5. 0258 12					Click 'View Other Payers'			

- > After submitting your claim, you will be brought to a screen which states, "Thank you. Your claim has been received". Click on the 'Print' button at the bottom of the screen to print off and save for your records.
- ➤ Note This screen print is continued on page 9.
- > To enter another claim, click on 'Next'.

6.	0270	50	Click 'View Other Payers'
7.	0278	1	Click 'View Other Payers'
8.	0300	8	Click 'View Other Payers'
9.	0301	20	Click 'View Other Payers'
10.	0305	8	Click 'View Other Payers'
11.	0306	1	Click 'View Other Payers'
12.	0307	2	Click 'View Other Payers'
13.	0320	1	Click 'View Other Payers'
14.	0323	1	Click 'View Other Payers'
15.	0324	2	Click 'View Other Payers'
16.	0351	2	Click 'View Other Payers'
17.	0361	3	Click 'View Other Payers'
18.	0410	20	Click 'View Other Payers'
19.	0420	2	Click 'View Other Payers'
20.	0424	1	Click 'View Other Payers'
21.	0921	1	Click 'View Other Payers'

View Other Payers

Next Print

[Home] [Help]

SAMPLE - MEDICARE REMITTANCE PART B OF A - OUT PATIENT HOSPITAL (NO TPL)

Medicare National Standard Intermediary Remittance Advice

FPE: 06/30/2005 PAID: 10/14/2004

CLM#: 203

					C	LIVI# . 203					
53XX	Χ					TOB: 131					
					· <u> </u>				· <u> </u>		
PATI	ENT: SH	HRIEK			W	/ILL				PCN: 000X	1
	HIC: 400	D-00-0000A			S	VC FROM: 09/	07/2004			MRN: Z111	111
PAT S	STAT:	CLAIM STAT	Γ: 1			THRU: 09/	07/2004			ICN: 2042	670099999
CHAR	GES:				P	AYMENT DATA	A: =DRG			0.550=REII	M RATE
2	2102.00=	REPORTED				0.00=DRG A	MOUNT			0.00=MSF	P PRIM PAYER
	0.00=1	NCVD/DENIE)			0.00=DRG/C	PER/CAP			0.00=PRC	F COMPONENT
	0.00=0	CLAIM ADJS.			•	1508.11=LINE A	ADJ-AMT			0.00=ESF	D AMOUNT
2	2102.00=	COVERED				0.00=OUTL	IER			76.65=PR	OC CD AMOUNT
DAYS	/VISITS:					0.00=CAP C	OUTLIER		;	397.94=ALL	OW/REIM
	0=0	COST REPT				0.00=CASH	DEDUCT			0.00=G/F	RAMOUNT
	0=0	COVD/UTIL				0.00=BLOO	D DEDUCT			0.00=INT	EREST
	0=0	NON-COVERE	ĒD		195.95=COINSURANCE				0.00=CONTRACT ADJ		
	0=0	COVD VISITS			0.00=PAT REFUND				0.55=PER DIEM AMT		
	0=0	NCOV VISITS			0.00=MSP LIAB MET			397.94=NET REIM AMT			T REIM AMT
REMA	RK COD	ES:					MA01				
REV	DATE	BCPCS AP	C/HIPPS M	IODS Q	TY. C	HARGES	ALLOW/RETH	GC R	RSN .	AMOUNT	REMARK CODES
0255	09/07				1	99.00	0.00	CO	97	99.0	0
0270	09/07				12	191.00	0.00	CO	97	191.0	0
0300	09/07	80053			1	45.00	9.44	CO	42	35.5	6
0300	09/07	82550			1	28.00	5.82	CO	42	22.1	8
0300	09/07	82553			1	106.00	16.67	CO	42	89.3	3
0300	09/07	84484			1	112.00	9.66	CO	42	102.3	4
0300	09/07	85025			1	69.00	11.22	CO	42	57.7	8
0300	09/07	85379			1	104.00	10.59	CO	42	93.4	1
0300	09/07	85610			1	20.00	4.59	CO	42	15.4	1
0300	09/07	85730			1	36.00	8.66	CO	42	27.3	4
0320	09/07	71010	00260		1	128.00	20.28	CO	45	87.4	5
								PR	2	20.2	7
0350	09/07	71260	00283		1	809.00	121.61	CO	45	567.1	1
								PR	2	120.2	8
0450	09/07	99284	00612	25	1	302.00	164.01	CO	45	86.4	4
								PR	2	51.5	5
0730	09/07	93005	00099		1	53.00	15.39	CO	45	33.7	6

> Using the example of a Medicare EOMB, the following pages will guide you step-bystep through the process to file your Crossover Claim through the Medicaid billing Website at www.emomed.com to collect the deductible/coinsurance amount.

PR

2

3.85





f you are not		care UB92	Part B Cross	over	Logout		
User. Fields marked * must	be filled in.	Р	rovider: 010	000000SAMPLE NUMBER	₹ •		
Claim Frequency Typ	Print the Contract of the Cont		Provider Me	dicare Number*			
Patient Name (Last N Shriek	lame, First Name)*		Patient Medicaid ID*				
Patient Medicare ID (HIC)*		Patient Acc	ount No.			
Resubmission Ref. N	0.		Type of Bill* 13-Hospital Outpatient				
Diagnosis Codes* (D 1.78652 2.25000 Surgery Procedur	o not include the decima 3.4019 4. e Code Date (mm	5.	200000000		Date (mm/dd/yy)		
Header Other Payers	/ ADD/EDIT	1					
Revenue Line Code No. Days/Units Billed*	From Date (mm/dd/y	(y)*	Billed harges \$* Paid mount \$*	Procedure Code* Modifiers	Detail Other Payers		
1. 0		0.0			ADD/EDIT		
				ADDI	DETAIL LINES		
		Continue	er Payers Reset]			

- > At the Medicaid billing website, click on 'Medicare UB-92 Part B of A Crossover';
- > Scroll to the bottom of the form and click on the 'Help' button, print off and save the instructions;
- > Scroll back to the top of the form and complete all the Medicaid header information. Refer to the Medicare EOMB on the previous page as well as the patient's medical record. Complete the fields as shown above, then complete the Header Other Payer by clicking on 'ADD/EDIT'.





Other Payer Header Information

Enter Other Payer(s) Header Information for Medicare UB92 Part B Crossover claim.

		Other	Payer#1		
Filing Indicator* MB-Medicare		¥	Other Payer	Name*	Medicare
Paid Amount \$ 397.94	Paid 10	Date (mm/dd / 14 / 0			re Claim No. 70099999
Header Allowed Amount \$ *	397.94		Total Denied	I Amount \$	0.00
Gı	roup Code:	s, Reason Co	des & Adjustr	ment Amounts	2
Group Code	Reason Code	Adjust Amount \$	(Group Code	Reason Adjust Code Amount \$
<u> </u>			<u> </u>		
					Add Reason Codes
Remark Codes					
					Remove Payer #1
		Add	Payer		
		Done	Cancel		
		TH.	lelp]		

- Now you are on the Other Payer Header screen. Scroll to the bottom of the form and click on the 'Help' button, print off and save the instructions.
- > Scroll back to the top of the form and complete the information at the top as shown. For Part B and Part B of A crossover claims, you do not complete the Group Codes, Reason Codes and Adjustment Amounts information. You will be entering this information elsewhere.
- Click on 'Done'.





ıc			UB92 Part B Cross	over	Lagget
it you a	are not	please logout			Logout
User.	-		Provider: 0100	00000 SAMPLE NUMBER	2
Fields	marked * must b	e filled in.	4.03.000.000.00		
Claim	Frequency Type	Code*	Provider Me	edicare Number*	
1-Ori	qinal 🔽		53xxx		
Patier	nt Name (Last Na	me, First Name)*	Patient Me	dicaid ID*	
Shrie	k	Will	99999999		
Patier	nt Medicare ID (H	IC)*	Patient Acc	count No.	
40000	00000A				
Resul	omission Ref. No.	8	Type of Bill	*	
			13-Hospite	al Outpatient	•
Diagn	osis Codes* (Do	not include the decimal)	Attending F	Physician ID*	
1. 786	52 2. 25000	3. 4019 4. 5.	200000000		
	r Other Payers:*	Code Date (mm/dd/y	y) Surgery	Procedure Code [Date (mm/dd/yy) /
	Revenue	From Date (mm/dd/yy)*	Billed	Procedure Code*	
Line	Code	1 Tolli Date (Illiadayy)	Charges \$*		Detail Other
No.	Days/Units Billed*	Thru Date (mm/dd/yy)*	Paid Amount \$*	Modifiers	Payers
	0255	09 / 07 / 04	99.00	00000	
1.	1	09 / 07 / 04	0.00		ADD/EDIT
	0270	09 / 07 / 04	191.00	00000	ADD/EDIT 1
2.	12	09 / 07 / 04	0.00		ADD/EDIT
3.	0300	09 / 07 / 04	45.00	80053	ADD/EDIT
J.,	1	09 / 07 / 04	9.44		ADDIEDIT
4.	0300	09 / 07 / 04	28.00	82550	ADD/EDIT
7.0	1	09 / 07 / 04	5.82		100/2011
5.	0300	09 / 07 / 04	106.00	82553	_ ADD/EDIT 1
5.0	1	09 / 07 / 04	16.67		

> See Page 5 for instructions.

6.	0300	09 / 07 / 04	112.00	84484	- ADD/EDIT
	1	09 / 07 / 04	9.66		
7.	0300	09 / 07 / 04	69.00	85025	ADD/EDIT
	1	09 / 07 / 04	11.22		
8.	0300	09 / 07 / 04	104.00	85379	ADD/EDIT
	1	09 / 07 / 04	10.59		
9.	0300	09 / 07 / 04	20.00	85610	ADD/EDIT
<u> </u>	1	09 / 07 / 04	4.59		7.8072011
10.	0300	09 / 07 / 04	36.00	85730	ADD/EDIT
10.	1	09 / 07 / 04	8.66		7.00/2011
11.	0320	09 / 07 / 04	128.00	71010	ADD/EDIT
tsta	1	09 / 07 / 04	20.28		7.00/2011
12.	0350	09 / 07 / 04	809.00	71260	- ADD/EDIT
12.	1	09 / 07 / 04	121.61		ADDICOIL
13.	0450	09 / 07 / 04	302.00	99284	ADD/EDIT
15.	1	09 / 07 / 04	164.01	25	ADDICOIT
14	0730	09 / 07 / 04	53.00	93005	- ADD/EDIT
14.	1	09 / 07 / 04	15.39		ADD/CDIT
				ADD	DETAIL LINES

View Other Payers

Continue... Reset

[Home] [Help]

- > Now you are back to the original screen ready to enter your detail information for the claim.
- Again, using the sample Medicare EOMB from the opening page, enter the detail information for line 1 and then click on "ADD/EDIT" to add the Medicaid detail information for line 1. You must do this each line reported on the Medicare EOMB. In this sample, the basic detail line information has been added for each detail line.





Other Payer Detail Information

Enter Other Payer(s) Detail Information for Medicare UB92 Part B Crossover claim.

Fields marked * must be filled in. Claim Detail Line #1 Other Payer #1 / 14 10 / 04 Paid Date (mm/dd/yy)* Group Codes, Reason Codes & Adjustment Amounts Adjust Reason Reason Adjust Group Code Group Code Code Amount \$ Code Amount \$ CO-Contractual Obligation 097 99.00 --Add Reason Codes Remove Payer #1

Add	Payer
Done	Cancel
<u>[H</u>	lelp]

- > Now you are on the Other Payer Detail screen. You must complete an Other Payer Detail screen for each line of your claim. Scroll to the bottom of the form and click on the 'Help' button, print off and save the instructions.
- Scroll back to the top, complete the Medicare paid date information as well as the Group and Reason Codes and Adjustment Amounts for line #1. See above sample. If the reason codes are not listed on your Medicare EOMB, choose the most appropriate code from the list of "Claim Adjustment Reason Codes" from the HIPAA Related Code List. For example, the code on the Claim Adjustment Reason Code list for deductible amount is 1 and for coinsurance amount is 2. Therefore, you would enter a Reason Code of '001' for deductible amounts and '002' for coinsurance amounts due. In this sample, the provider should report CO-97 and \$99.00 as shown on the sample EOMB for line 1.
- > The 'Adjust Amount' should reflect any amount not paid by Medicare including deductible, coinsurance and any non-allowed amounts.





Other Payer Detail Information

Enter Other Payer(s) Detail Information for Medicare UB92 Part B Crossover claim.

Adjust Amount \$
20.27
n Codes
Payer#1

Done Cancel

- > Enter a claim detail line for each line from your Medicare EOMB. All lines are not shown on this example.
- > This is a sample detail entry for line 11 showing both contractual and patient responsibility codes and amounts.
- > After all claim detail lines have been entered, click 'Done'.





lf you a	re not		UB92 Part B Cross	over	Logout
	marked * must be	e filled in.	Provider: 010	000000 SAMPLE NUMBE	R
	Frequency Type		Provider Me 53∞x	edicare Number*	
Patier Shrie		me, First Name)*	Patient Med 99999999	dicaid ID*	
40000	t Medicare ID (HI		Patient Acc		
Resub	mission Ref. No.		Type of Bill*	* al Outpatient	•
Diagno 1, 786		not include the decimal) 3, 4019 4. 5.	Attending P 200000000	hysician ID*	
	rgery Procedure	Code Date (mm/dd/y	y) Surgery	Procedure Code D	ate (mm/dd/yy) / / / / / / /
Line No.	Revenue Code Days/Units Billed*	From Date (mm/dd/yy)* Thru Date (mm/dd/yy)*	Billed Charges \$* Paid Amount \$*	Procedure Code* Modifiers	Detail Other Payers
1.	0255	09 / 07 / 04 09 / 07 / 04	99.00	00000	ADD/EDIT
2.	0270 12	09 / 07 / 04 09 / 07 / 04	191.00 0.00	00000	ADD/EDIT
3.	0300	09 / 07 / 04 09 / 07 / 04	45.00 9.44	80053	ADD/EDIT
4.	0300	09 / 07 / 04 09 / 07 / 04	28.00 5.82	82550	ADD/EDIT
5.	0300	09 / 07 / 04 09 / 07 / 04	106.00 16.67	82553	ADD/EDIT

> See Page 9 for instructions.

6.	0300	09 / 07 / 04	112.00	84484	ADD/EDIT
0.	1	09 / 07 / 04	9.66		ABB/EBIT
7.	0300	09 / 07 / 04	69.00	85025	_ ADD/EDIT
	1	09 / 07 / 04	11.22		1.00,2011
8.	0300	09 / 07 / 04	104.00	85379	ADD/EDIT
	1	09 / 07 / 04	10.59		
9.	0300	09 / 07 / 04	20.00	85610	ADD/EDIT
	1	09 / 07 / 04	4.59		
10.	0300	09 / 07 / 04	36.00	85730	ADD/EDIT
,	1	09 / 07 / 04	8.66		7.0072011
11.	0320	09 / 07 / 04	128.00	71010	_ ADD/EDIT
Isla	1	09 / 07 / 04	20.28		7,0072011
12.	0350	09 / 07 / 04	809.00	71260	ADD/EDIT
' <u></u> :	1	09 / 07 / 04	121.61		7.0072011
13.	0450	09 / 07 / 04	302.00	99284	_ ADD/EDIT
13.	1	09 / 07 / 04	164.01	25	ADDIEDIT
14.	0730	09 / 07 / 04	53.00	93005	ADD/EDIT
14.	1	09 / 07 / 04	15.39		ADDIEDIT
	-			ADD	DETAIL LINES

View Other Payers

Continue... Reset

[Home] [Help]

- > When you click "Done" on the last line detail entry screen, you will be brought back to the original screen which now should show the basic information for each detail line.
- > Since you are now done entering the header and detail information, click on "Continue".





Medicare UB92 Part B Crossover Logout If you are not _____, please logout 010000000 User: Provider

Claim Frequency Type Code	Provider Medicare Number		
1	53xxx		
Patient Name (Last Name, First Name)	Patient Medicaid ID		
Shriek, Will	99999999		
Patient Medicare ID (HIC) 400000000A	Patient Account No.		
Resubmission Ref. No.	Type of Bill 13		
Diagnosis Codes	Attending Physician ID		
78652 25000 4019	200000000		
Surgery Procedure Code Date (mm/dd/yy)	Surgery Procedure Code Date (mm/dd/yy)		

Header Other Payers: (Click 'View Other Payers'
------------------------	---------------------------

Line No.	Revenue Code	Trom Date (minate yy)		Procedure Code	Detail Other
	Days/Units Billed	Thru Date (mm/dd/yy)	Paid Amount \$	Modifiers	Payers
1	0255	09/07/04	99.00	00000	Click 'View Other
1.	1	09/07/04	0.00		Payers'
_	0270	09/07/04	191.00	00000	Click 'View Other
2.	12	09/07/04	0.00		Payers'
3.	0300	09/07/04	45.00	80053	Click 'View Other
3.	1	09/07/04	9.44		Payers'
4.	0300	09/07/04	28.00	82550	Click 'View Other
4.	1	09/07/04	5.82		Payers'
-	0300	09/07/04	106.00	82553	Click 'View Other
5.	1	09/07/04	16.67		Payers'
_	0300	09/07/04	112.00	84484	Click 'View Other
6.	1	09/07/04	9.66		Payers'
		î ·			

010000000

> See Page 11 for instructions.

7	0300	09/07/04	69.00	85025	Click 'View Other
7.	1	09/07/04	11.22		Payers'
8.	0300	09/07/04	104.00	85379	Click 'View Other
0.	1	09/07/04	10.59		Payers'
	0300	09/07/04	20.00	85610	Click 'View Other
9.	1	09/07/04	4.59		Payers'
40	0300	09/07/04	36.00	85730	Click 'View Other
10.	1	09/07/04	8.66		Payers'
44	0320	09/07/04	128.00	71010	Click 'View Other
11.	1	09/07/04	20.28		Payers'
40	0350	09/07/04	809.00	71260	Click 'View Other
12.	1	09/07/04	121.61		Payers'
40	0450	09/07/04	302.00	99284	Click 'View Other
13.	1	09/07/04	164.01	25	Payers'
14	0730	09/07/04	53.00	93005	Click 'View Other
14.	1	09/07/04	15.39		Payers'



- > This brings you to a screen asking you to verify the information entered. Scroll to the bottom of the screen and click 'Help', print off and save the instructions.
- > You can either edit the information or submit. Click on 'Submit'.
- > If you click on "View Other Payers", the screens on pages 12 and 13 will open. See page 13 for instructions.





Other Payer Information

™ Claim Header	u	Payer #1			
Filing Indicator	МВ	Other Payer Name	Medicare		
Paid Amount \$ 397.94		Paid Date (mm/d 10/14/04	ld/yy)	Medicare Claim I 2042670099999	No.
Header Allowed	Amount \$	397.94	Total Denied A	.mount \$ 0.0	10
Group Code	Reason Code	Adjust Amount \$	Group Code	Reason Code	Adjust Amount \$
Remark Codes					
[™] Claim Detail Li	ne #1 **	Payer #1			
		Paid Date (mm/d 10/14/04	ld/yy)		
Group Code	Reason Code	Adjust Amount \$	Group Code	Reason Code	Adjust Amount \$
co	097	99.00			
[™] Claim Detail Li	ne #2 **	Payer #1		W	
		Paid Date (mm/d 10/14/04	ld/yy)		
Group Code	Reason Code	Adjust Amount \$	Group Code	Reason Code	Adjust Amount \$
co	097	191.00			
** Claim Detail Li	ne #3 **	Payer #1			
		Paid Date (mm/d 10/14/04	ld/yy)		
Group Code	Reason Code	Adjust Amount \$	Group Code	Reason Code	Adjust Amount \$
co	042	35.56			
** Claim Detail Li	ne #4 🏯	Payer #1			
		Paid Date (mm/d 10/14/04	ld/yy)		
Group Code	Reason Code	Adjust Amount \$	Group Code	Reason Code	Adjust Amount \$
co	042	22.18			
[™] Claim Detail Li	ne #5 **	Payer #1		49	
		Paid Date (mm/d 10/14/04	ld/yy)		
Group Code	Reason Code	Adjust Amount \$	Group Code	Reason Code	Adjust Amount \$
co	042	89.33	707		

> See page 13 for instructions.

Claim Detail Li	ne #7 🏯	Payer #1			
		Paid Date (mm/dd 10/14/04	/y/y)		
Group Code	Reason Code	Adjust Amount \$	Group Code	Reason Code	Adjust Amount \$
co	042	57.78			
* Claim Detail Li	ne #8 **	Payer #1			
		Paid Date (mm/dd 10/14/04	/yy)		
Group Code	Reason Code	Adjust Amount \$	Group Code	Reason Code	Adjust Amount \$
co	042	93.41			
* Claim Detail Li	ne #9 💳	Payer #1			
		Paid Date (mm/dd 10/14/04	/yy)		
Group	Reason	Adjust	Group	Reason	Adjust
Code CO	Code 042	Amount \$	Code	Code	Amount \$
* Claim Detail Li	ne #10 🌥	Payer #1			
		Paid Date (mm/dd 10/14/04	/yy)	1000	
Group Code	Reason Code	Adjust Amount \$	Group Code	Reason Code	Adjust Amount \$
co	042	27.34			
* Claim Detail Li	ne #11 🌣	Payer #1			
		Paid Date (mm/dd 10/14/04	/yy)		
Group Code	Reason Code	Adjust Amount \$	Group Code	Reason Code	Adjust Amount \$
co	045	87.45	PR	002	20.27
* Claim Detail Li	ne #12 🏯	Payer #1			
		Paid Date (mm/dd 10/14/04	/yy)		
Group Code	Reason Code	Adjust Amount \$	Group Code	Reason Code	Adjust Amount \$
со	045	567.11	PR	002	120.88
* Claim Detail Li	ne #13 🌥	Payer #1			
		Paid Date (mm/dd 10/14/04	/yy)		
Group Code	Reason Code	Adjust Amount \$	Group Code	Reason Code	Adjust Amount \$
co	045	86.44	PR	002	51.55
* Claim Detail Li	ne #14 🌣	Payer #1			
		Paid Date (mm/dd 10/14/04	/yy)		
Group Code	Reason Code	Adjust Amount \$	Group Code	Reason Code	Adjust Amount \$
Code					

➤ If you clicked on "View Other Payers", the screens on pages 12 and 13 open. These screens let you see the detail information you entered for the header and line level details on the previous screens. Not all detail lines are shown on this sample because of Medical Services' computer screen capture limitations (line 6 is missing). You can print this for your records.





Medicare UB92 Part B Crossover Logout If you are not _____, please logout 010000000 Provider User: Thank you. Your claim has been received. Claim Frequency Type Code **Provider Medicare Number** 53ххх Patient Name (Last Name, First Name) Patient Medicaid ID 9999999 Shriek, Will Patient Medicare ID (HIC) Patient Account No. 400000000A Type of Bill Resubmission Ref. No. Diagnosis Codes Attending Physician ID 78652 25000 4019 200000000 **Surgery Procedure Code** Date (mm/dd/yy) **Surgery Procedure Code** Date (mm/dd/yy) Header Other Payers: Click 'View Other Payers' Billed Procedure Code Revenue From Date (mm/dd/yy) Charges \$ Code Line **Detail Other** No. Days/Units Payers Thru Date (mm/dd/yy) Paid Modifiers Billed Amount \$ 09/07/04 0255 99.00 00000 Click 'View Other 1. 1 09/07/04 0.00 Pavers' 09/07/04 00000 0270 191.00 Click 'View Other 2. Payers' 09/07/04 12 0.00 09/07/04 0300 45.00 80053 Click 'View Other 3. 09/07/04 Payers' 1 9.44 0300 09/07/04 28.00 82550 Click 'View Other 4. 1 09/07/04 5.82 Payers' 09/07/04 0300 106.00 82553 Click 'View Other 5. Payers' 1 09/07/04 16.67 0300 09/07/04 112.00 84484 Click 'View Other 6. Payers'

See Page 15 for instructions.

09/07/04

9.66

7.	0300	09/07/04	69.00	85025	Click 'View Other Payers'
	1	09/07/04	11.22		
8.	0300	09/07/04	104.00	85379	Click 'View Other Payers'
	1	09/07/04	10.59		
9.	0300	09/07/04	20.00	85610	Click 'View Other Payers'
	1	09/07/04	4.59		
10.	0300	09/07/04	36.00	85730	Click 'View Other Payers'
	1	09/07/04	8.66		
11.	0320	09/07/04	128.00	71010	Click 'View Other Payers'
	1	09/07/04	20.28		
12.	0350	09/07/04	809.00	71260	Click 'View Other Payers'
	1	09/07/04	121.61		
13.	0450	09/07/04	302.00	99284	Click 'View Other Payers'
	1	09/07/04	164.01	25	
14.	0730	09/07/04	53.00	93005	Click 'View Other Payers'
	1	09/07/04	15.39		



- After submitting your claim, you will be brought to a screen which states, "Thank you. Your claim has been received". Click on the 'Print' button at the bottom of the screen to print off and save for your records.
- > To enter another claim, click on 'Next'.